MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

1012612

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CI	$[.\mathbf{A}]$	IN	18

	AS F	ILED		ΓER NDMENT		FER ndment
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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3		1				
4		1				
5 6		1	-			
7		1		-		
8		1				1
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10		1				
11		1			-	
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14		1				
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50 TOTAL			•			
IND.	1	₩		₩		₩
TOTAL		4				4
DEP.	41			T		_
TOTAL CLAIMS	42					
PTO	(REV. 11/04					